APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Date:: 02/21/02 Application Type:: REGULAR Subject Matter:: UTILITY

CD-ROM or CD-R?:: NONE

Title:: STREPTOCOCCUS PYOGENES

POLYPEPTIDES AND

CORRESPONDING DNA FRAGMENTS

Attorney Docket Number:: PHARMA-18

INVENTOR INFORMATION

Applicant Authority Type:: INVENTOR Primary Citizenship Country:: Canada

Status:: **FULL CAPACITY**

Given Name:: **Denis**

Family Name:: **MARTIN**

City of Residence:: St-Augustin-de-Desmaures

State or Province of Residence:: Quebec Country of Residence:: Canada

Street of Mailing Address:: 4728-G rue Gaboury

City of Mailing Address:: St-Augustin-de-Desmaures

State or Province of Mailing Address:: Quebec Country of Mailing Address:: Canada

Postal or Zip Code of Mailing Address:: **G3A 1E9**

Applicant Authority Type:: **INVENTOR**

Primary Citizenship Country:: Canada

Status:: **FULL CAPACITY**

Given Name:: Stephane Family Name:: RIOUX City of Residence:: Beauport

State or Province of Residence:: Quebec Country of Residence:: Canada

Street of Mailing Address:: 869 avenue des Pinsons

City of Mailing Address:: Beauport State or Province of Mailing Address:: Quebec

Country of Mailing Address:: Canada

Postal or Zip Code of Mailing Address::	G1E 1J3
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Applicant Authority Type::	INVENTOR
Primary Citizenship Country:	Canada

Status:: FULL CAPACITY

Given Name:: Bernard

Middle Name:: R.

Family Name:: BRODEUR

City of Residence:: Silery
State or Province of Residence:: Quebec

Country of Residence:: Canada

Street of Mailing Address:: 2401 Maritain

City of Mailing Address::

Silery

State or Province of Mailing Address::

Country of Mailing Address::

Canada

Postal or Zip Code of Mailing Address:: G1T 1N6

Applicant Authority Type:: INVENTOR

Primary Citizenship Country:: Canada

Status:: FULL CAPACITY

Given Name::

Family Name::

City of Residence::

Silery

State or Province of Residence::

Quebec

Country of Residence:: Quebec Canada

Street of Mailing Address:: 2401 Maritain

City of Mailing Address::
Silery
State or Province of Mailing Address::
Country of Mailing Address::
Canada
Postal or Zip Code of Mailing Address::
G1T 1N6

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: Canada

Status:: FULL CAPACITY

Given Name:: Patrick
Family Name:: RHEAULT

City of Residence:: St-Etienne-de-Lauzon

State or Province of Residence:: Quebec Country of Residence:: Canada

Street of Mailing Address:: 44 rue Belair

City of Mailing Address::

St-Etienne-de-Lauzon

State or Province of Mailing Address::

Quebec

Postal or Zip Code of Mailing Address::

G6J 1P9

CORRESPONDENCE INFORMATION

Correspondence Customer Number::

23599

REPRESENTATIVE INFORMATION

Representative Customer Number::

23599

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/269,840	02/21/01

ASSIGNMENT INFORMATION

Assignee Name::

Shire BioChem Inc.

Street of Mailing Address::

275 Armand Frappier Boulevard

City of Mailing Address::

Laval

State or Province of Mailing Address::

Quebec

Country of Mailing Address::

Canada

Postal or Zip Code of Mailing Address::

H7V 4A7